

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3218

FILED FEB 4 1942

State File No.

Registration District No.

Primary Registration District No. 5926

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Weston, Rural
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 52 years

3. (a) PRINT FULL NAME Charles William Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Davis 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec 12 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 28 If less than one day hr. _____ min.

9. Birthplace La Porte Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James H. Davis

13. Birthplace Don't Know Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Able Angle

15. Birthplace Don't Know Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Davis

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof 1/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director Brill & Dyer

(b) Address Weston, Missouri

19. (a) Jan. 12/42 (b) Mrs. Clay Hifflee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Born in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1942 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from March
30, 1941, to January 10, 1942
that I last saw him alive on January - 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
duodenum, liver and body of
pancreas.
Due to ☒

Due to ☒ 469
Other conditions ☒
(Include pregnancy within 3 months of death)

Major findings: No operation.
Of operations

Of autopsy Carcinomatous growth large
as large as duodenum & pancreas

22. If death was due to external causes, fill in the following: and involving liver

(a) Accident, suicide, or homicide (specify) ☒
(b) Date of occurrence ☒
(c) Where did injury occur? ☒
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ☒ (Specify type of place)
(c) Means of injury ☒

23. Signature Lewis C. Calvert (M. D. or other)
Address Weston, Mo. Date signed 1/11/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. Platte
District File Number 242-12
Date Filed 2-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.